

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime / Evening Phone: _____ / _____
Person Filing is: ☐ Self (Without an Attorney) or ☐ Attorney for ☐ Father ☐ Mother
(If Atty.) State Bar No.: _____ Attorney Phone: _____

SUPERIOR COURT of ARIZONA IN MARICOPA COUNTY

(2) _____
Person Filing (Petitioner)

(3) Case No. _____

(4) ATLAS No. _____

Other Parent (Respondent)

VOLUNTARY REQUEST FOR ORDER OF PATERNITY with Affidavit of Legally Presumed Father A.R.S. § 25-814

The Clerk is requested to issue an Order establishing paternity for the following child(ren):

(5) Full Name on Birth Certificate	Date of Birth	Place of Birth (City, County, State, Country)
_____	_____	_____
_____	_____	_____

The biological mother of the child(ren) named above was legally married at the time the child(ren) were conceived or born. Her husband at that time who is legally presumed to be the father has attached an affidavit of acknowledgment that he is **not** the biological father of this (these) child(ren).

(6) **This** request is based on: (Mark **one box only** and write in the name of the actual biological father)

☐ **Affidavit of Acknowledgment:** By signing this form or an attached notarized affidavit to the same effect, we agree and acknowledge that _____ is the biological father of the child(ren) named above.

☐ **Genetic Testing and Laboratory Affidavit:** Attached is an affidavit from a certified laboratory indicating _____ has not been excluded as the biological father of the child(ren) and we agree to be bound by the results of the genetic test.

Both parties must sign this form or an attached notarized affidavit to change child(ren)'s

(7) The parents request the Office of Vital Records amend the birth certificate(s) to change the child(ren)'s name(s) from: _____ to: _____

(8) The following information is required:

Mother's Current Full Name _____

Mother's Date of Birth _____	Social Security Number _____	Mother's Maiden Name _____
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Case No. _____

(9) Father's Full Name _____

Date of Birth

Social Security Number

Place of Birth (City, State, Country)

(10) Do not sign this form until you are directed to do so by the Clerk or Notary Public.

Date

Mother's Signature

State of Arizona)

)ss.

Acknowledged before me on: _____

County of _____)

My Commission Expires: _____

Notary Public or Clerk of Superior Court

Date

Biological Father's Signature

State of Arizona)

)ss.

Acknowledged before me on: _____

County of _____)

My Commission Expires: _____

Notary Public or Clerk of Superior Court

NOTE: This form may not be filed without the third page containing the notarized signature of the legally presumed father.

AFFIDAVIT OF LEGALLY PRESUMED FATHER

A.R.S. § 25-814(A)(1)

(11) I, _____, being duly sworn, state:

I was married to the mother when the child(ren) named on this request was (were) born or during the ten months prior to the child(ren)'s birth or the child(ren) was (were) born during the ten months after our marriage was legally terminated.

I am not the biological father. I consent to the acknowledgment of paternity filed with the Voluntary Request for Order of Paternity.

**Do not sign this form until you are before the Clerk or Notary Public.
Signing this form will permanently affect legal rights and responsibilities.
A qualified legal professional can assist you in making an informed decision.**

Date: _____

Legally Presumed Father's Signature

State of Arizona)
)ss.
County of _____)

Acknowledged before me on: _____

My Commission Expires: _____

Notary Public or Clerk of Superior Court